

Name  
in  
Full

CERTIFICATE OF DEATH

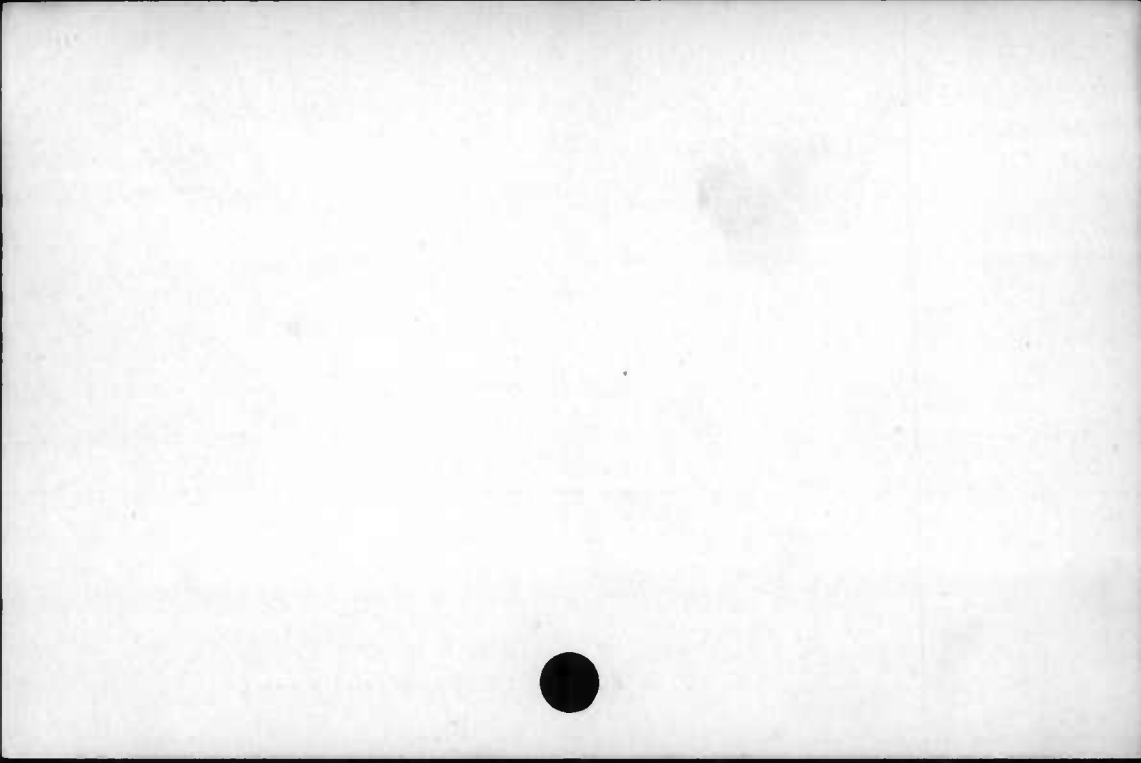
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Blenwood</u> Town		<u>Bard</u> County		MARYLAND	
Date of death 190 <u>6</u>	Month <u>7</u>	Day <u>26</u>	Age <u>still born</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Blenwood</u>		
Married, Single or Widowed _____			Occupation _____		
Name of Wife or Husband _____					
Father's Name <u>Unknown</u>			Father's Birthplace _____		
Mother's Maiden Name <u>Florence Bond</u>			Mother's Birthplace <u>Howard Co</u>		
Name of person giving information <u>Mary Prettman</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Born Dead</u>	How long _____
Immediate	_____	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W W Eichelberger</u>
		Address <u>Blenwood Md</u>
Accident or Suicide? _____		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Joseph Bradley*  
*Ellicott City*

Town

County *Howard*

County

Date  
of death *1906*Month *July*Day *6*Age *about*Years *40*

Months

Days

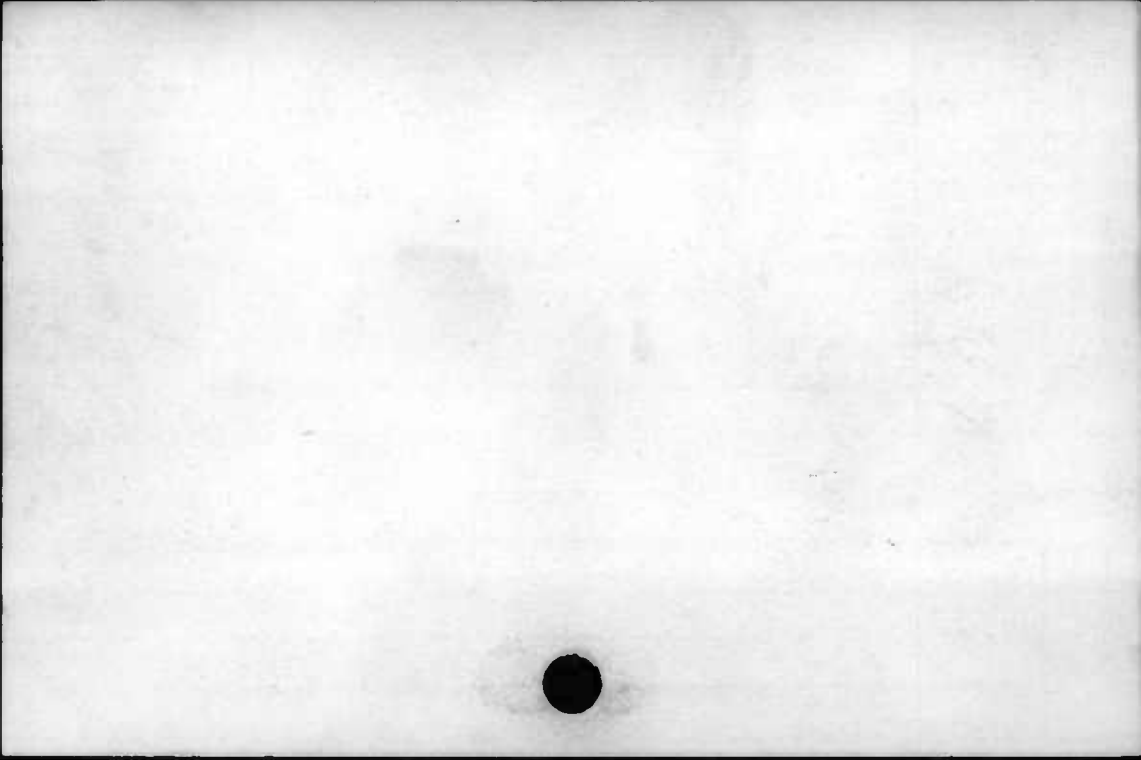
Sex *Male*Color or  
Race *(Col)*Birth-  
placeOccupation *Laborer*Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation *L A Hillinger*How related  
to deceased *None*

## CAUSES OF DEATH

Primary *Legal hanging*How long *15 minutes*Immediate *Dislocated Vertebra*How long *8 minutes*Are the name, age, sex, color, date  
and place correctly given above? *Yes.*Signature of  
Physician *B. Byrne*Address *Ellicott City, Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Willie Coates

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i> <small>Town</small>			<i>Howard</i> <small>County</small>		MARYLAND	
Date of death 1906	<i>July</i> <small>Month</small>	<i>2</i> <small>Day</small>	Age <i>10</i> <small>Years</small>	<i>Months</i>		<i>Days</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birthplace <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>School Girl</i>			
Name of Wife or Husband						
Father's Name <i>Matthew Coates</i>			Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Louis Randles</i>			Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Matthew Coates</i>			How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>8 months</i>
Immediate <i>Exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. J. Byrne</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	

Free Town

Name  
in  
Full

Adelia Dural

## CERTIFICATE OF DEATH

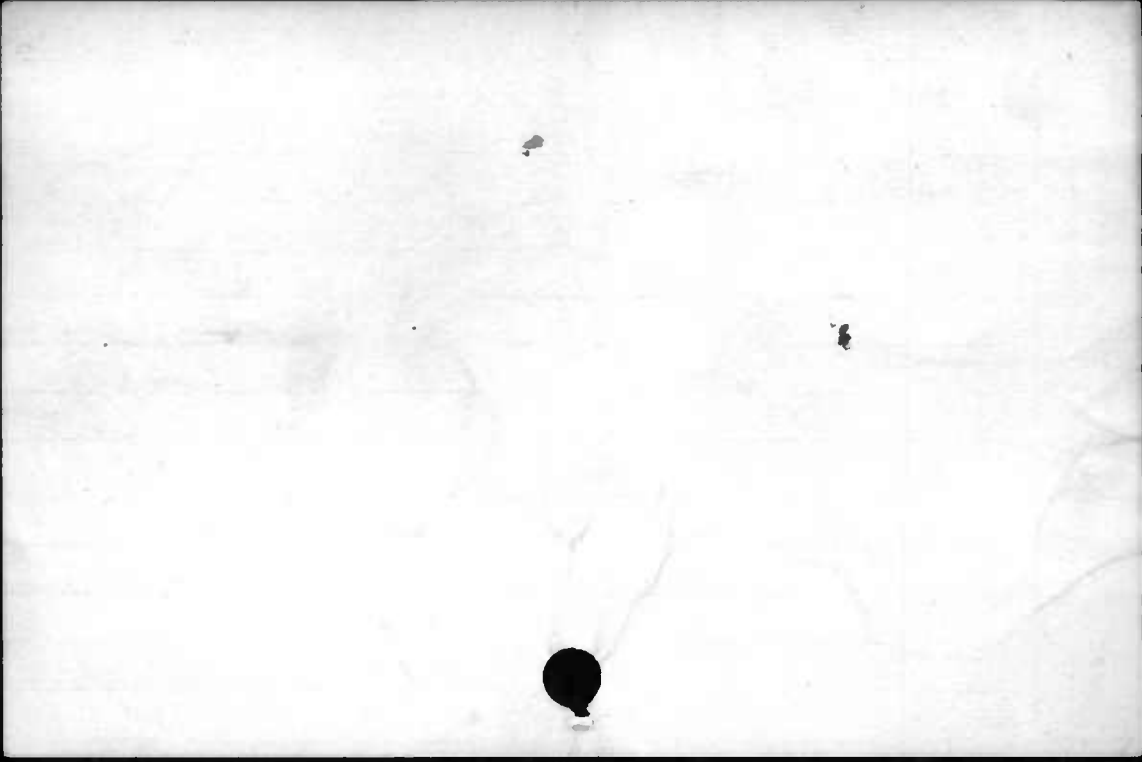
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mount view		<sup>County</sup> Howard		MARYLAND	
Date of death 1906	Month July	Day 4 <sup>th</sup>	Age about 63 yrs	Months	Days
Sex Female	Color or Race white		Birth-place Baltimore Md		
Married, Single <input checked="" type="checkbox"/> Widowed		Occupation matron in orphan Asylum			
Name of <del>Wife</del> Husband Peter Dural					
Father's Name Samuel Hess		Father's Birthplace Baltimore Md			
Mother's Maiden Name <del>Lacey</del> not known		Mother's Birthplace Baltimore Md			
Name of person giving information Benj. F. Hess		How related to deceased first cousin			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic nephritis + Neurasthenia	How long over a year
Immediate	uremic convulsions.	How long 8 hours
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Benj. F. Shipley
close proximity to Emulation Cylinder + Lubricator		Address Alpha Co
Accident or Suicide? Howard		Md





Name  
in  
Full

Gill

## CERTIFICATE OF DEATH

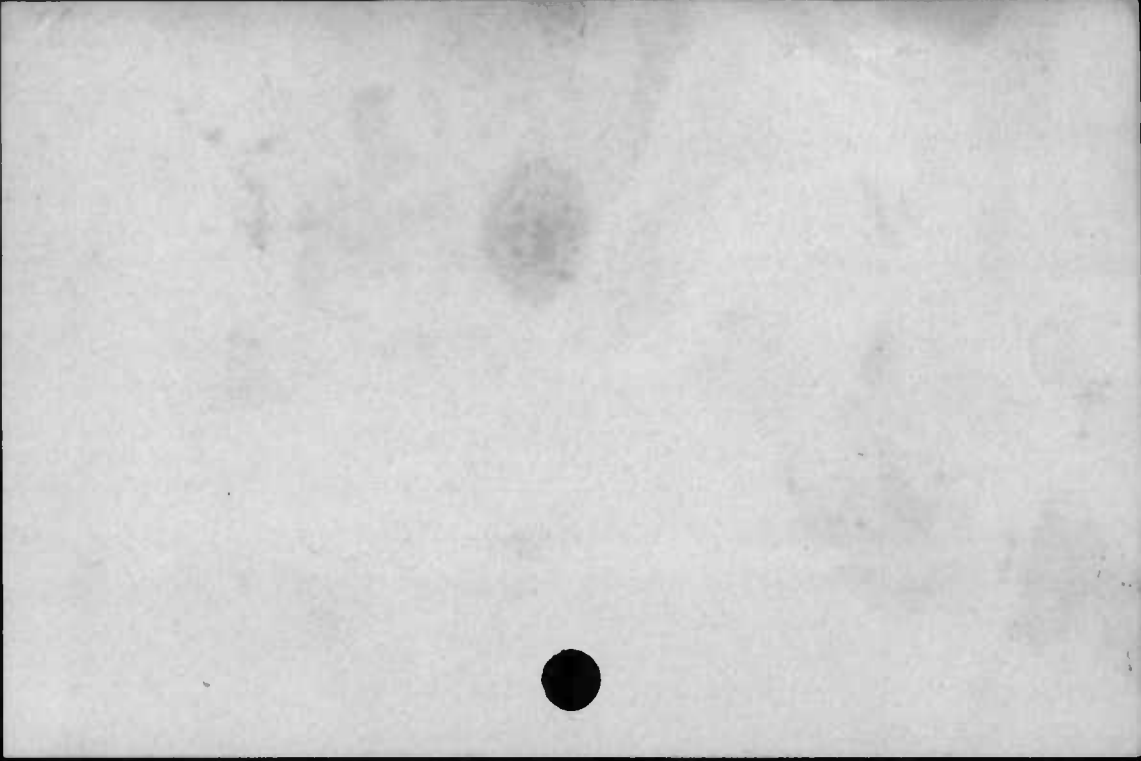
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Savage</i>		County <i>Howard</i>		MARYLAND		
Date of death	1906	Month 7	Day 11	Age 30	Years	Months 4	Days	
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth- place	<i>W. Va</i>	
Occupation	<i>Housewife</i>			Where Residing if not at place of death			<i>Savage</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Lamar Gill</i>					
Father's Name	<i>W. S. Morgan</i>					Father's Birthplace	<i>W. Va</i>	
Mother's Maiden Name	<i>Lane E. Morgan</i>					Mother's Birthplace	<i>W. Va</i>	
Name of person giving Information		<i>W. S. Morgan</i>					How related to deceased	<i>father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>General debility</i>	How long	<i>Several months</i>
Immediate	<i>Præmæ Convulsion</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>L. W. Williams M.D.</i>
		Address	<i>Savage</i>
Accident or Suicide?		<i>Neither</i>	



Name  
in  
Full

Stillbirth

Handy  
Howard

• CERTIFICATE OF DEATH

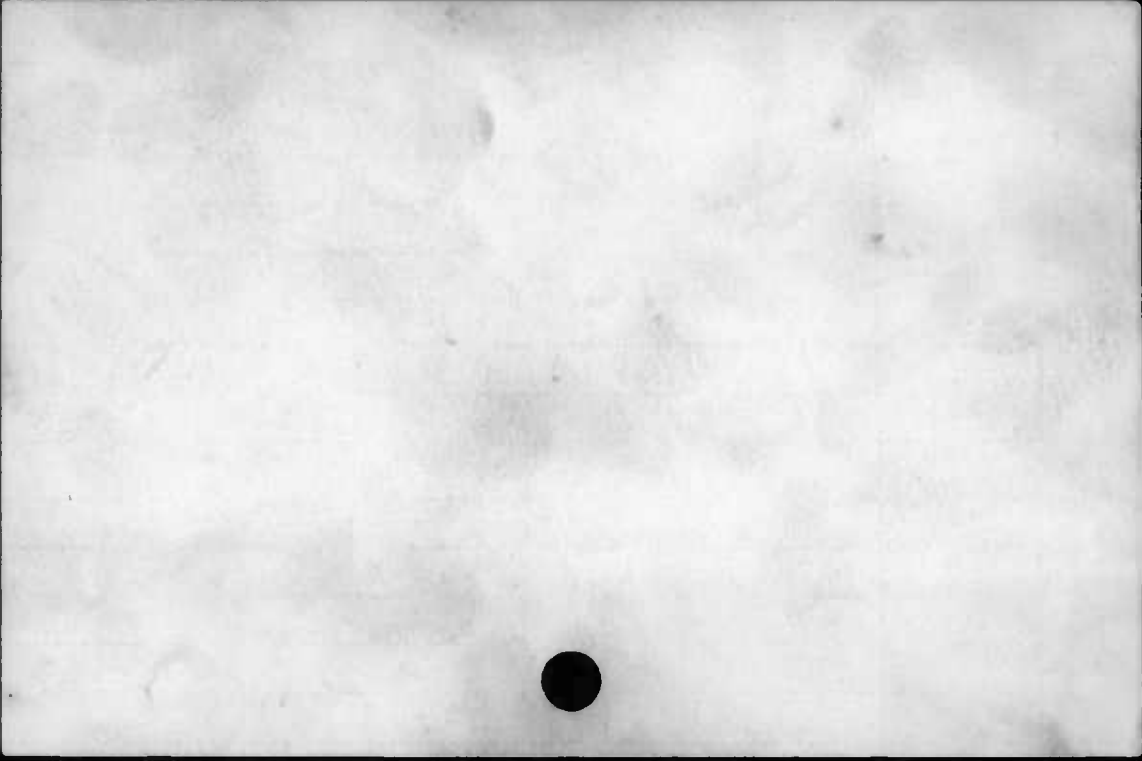
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i> <small>Town</small>		<i>Handy</i> <small>County</small>		MARYLAND	
Date of death 1906	Month <i>July</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Frank. Hardy.</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Marie Cook</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Martha Cook</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Stillbirth - Prolonged Labor.</i>	How long <i>36 hrs.</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. G. Dunning</i>
	Address <i>Ellicott City, Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

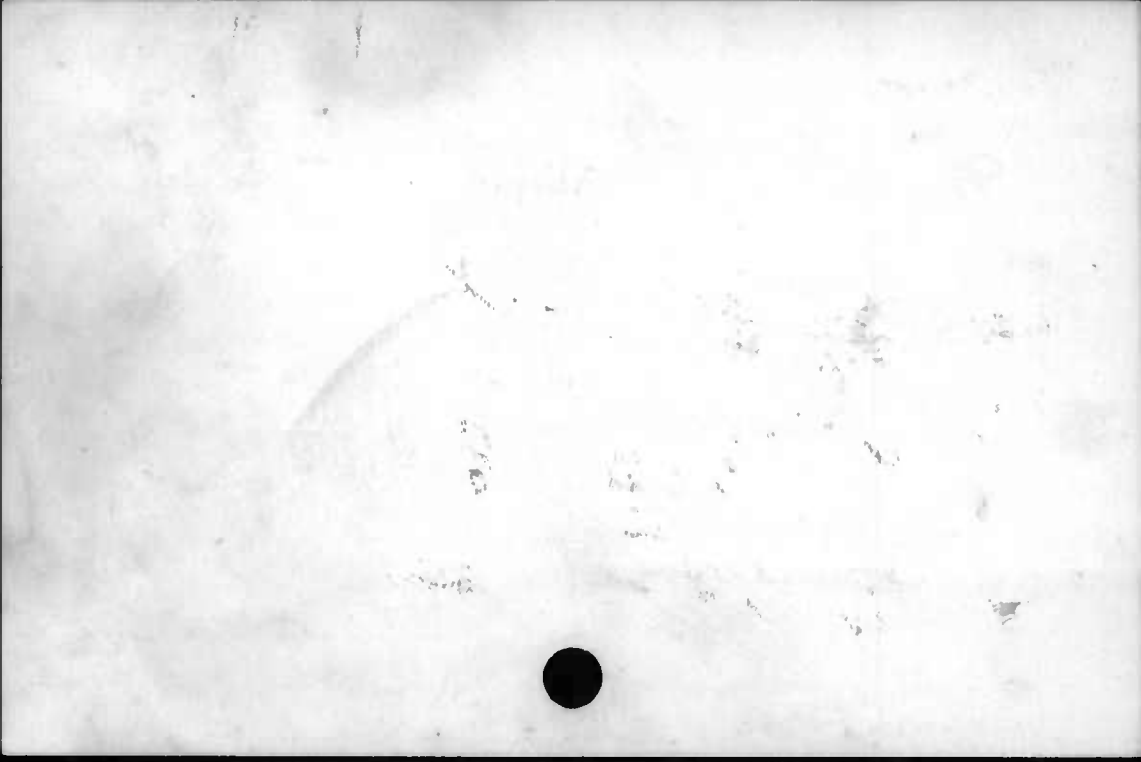
MARYLAND

Name in Full <i>Ann Lindell James</i>		Town <i>near Columbia</i>		County <i>Howard</i>			
Died at <i>near Columbia</i>		Month <i>July</i>		Day <i>18<sup>th</sup></i>		Age <i>1</i>	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>18<sup>th</sup></i>		Age <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>		Months <i>5</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>				Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles R. James</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Kellie T. Corp.</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving In formation <i>Charles R. James</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>1. Dry rot</i>	How long <i>14</i>
Immediate <i>2. Expiration</i>	How long <i>14</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. B. Brown</i>
	Address <i>—</i>
Accident or Suicide <i>—</i>	



Name  
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Wesley Raymond Jess

CERTIFICATE OF DEATH

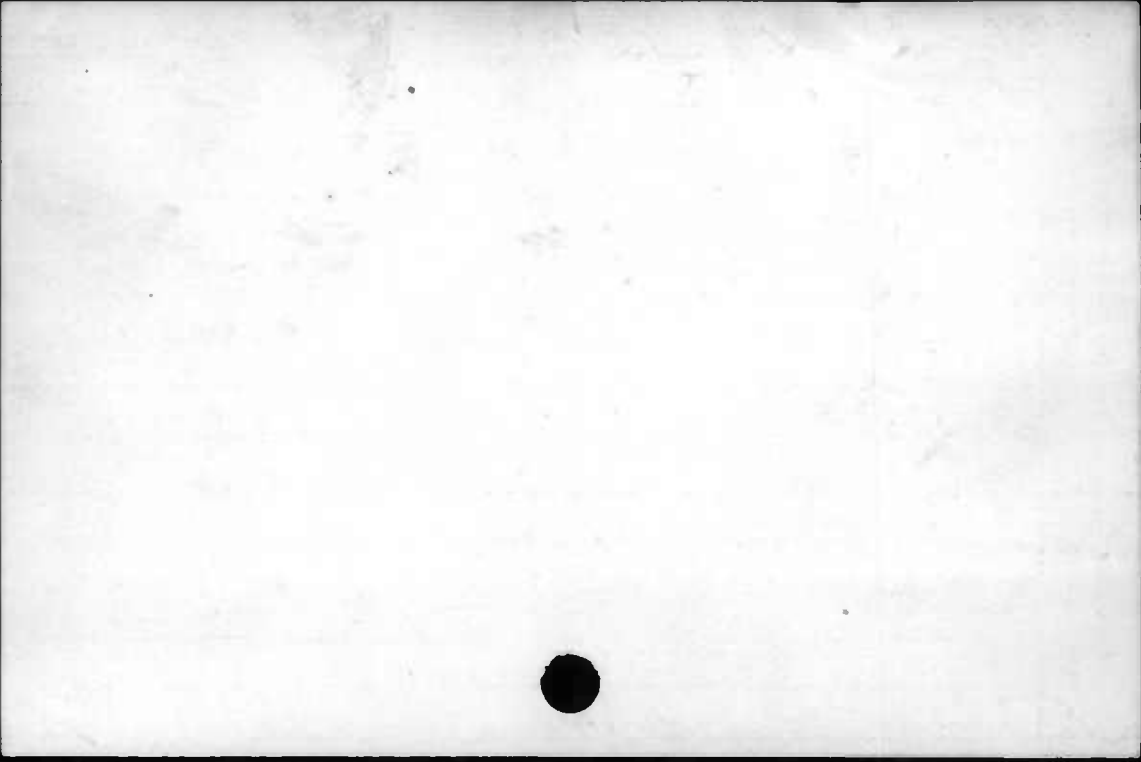
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Jessup		County Howard		MARYLAND	
Date of death	1906	Month 7	Day 25	Age 25	Years	Months 4	Days 6
Sex	Male		Color or Race	White		Birthplace	Howard Co Ind.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Edward M. Jess					Father's Birthplace	Howard Co Ind.
Mother's Maiden Name	Sallie C. Dixon					Mother's Birthplace	
Name of person giving information	Edward M. Jess					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enterocolitis		How long	2 weeks
Immediate	Convulsions		How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	R. J. Hammond
			Address	Jessup Ind.
Accident or Suicide?		no		





Name  
in  
Full

## CERTIFICATE OF DEATH

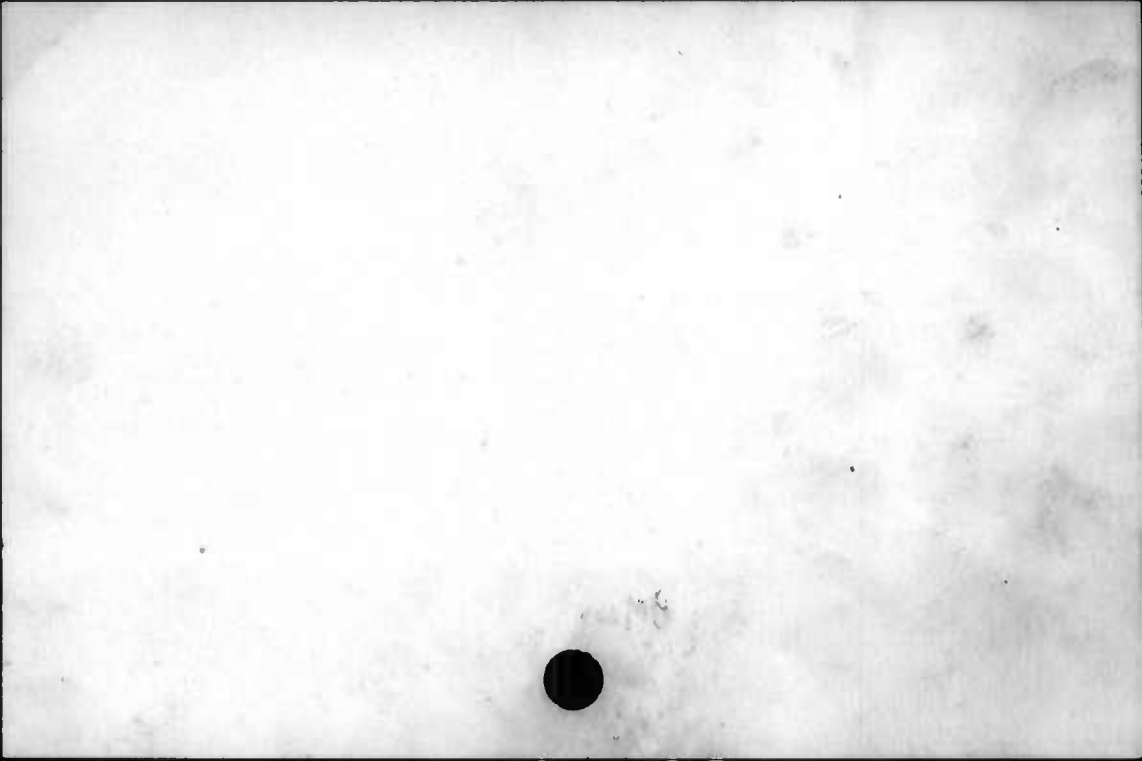
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death		190 <i>6</i>	Month <i>July</i>	Day <i>18</i>	Age <i>28</i>	Months <i>—</i>	Days <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>Col</i>		Birth-place	<i>Maryland</i>
Occupation	<i>House maid</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Thomas Boyd</i>					Father's Birthplace	<i>Virginia</i>
Mother's Maiden Name	<i>Matilda Williams</i>					Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Matilda Williams</i>					How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	How long	<i>6 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>one month</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>B. J. Byrne</i>
		Address	<i>Ellicott City</i>
Accident or Suicide?			



Name  
In  
Full

Herbert L. Kalisch

## CERTIFICATE OF DEATH

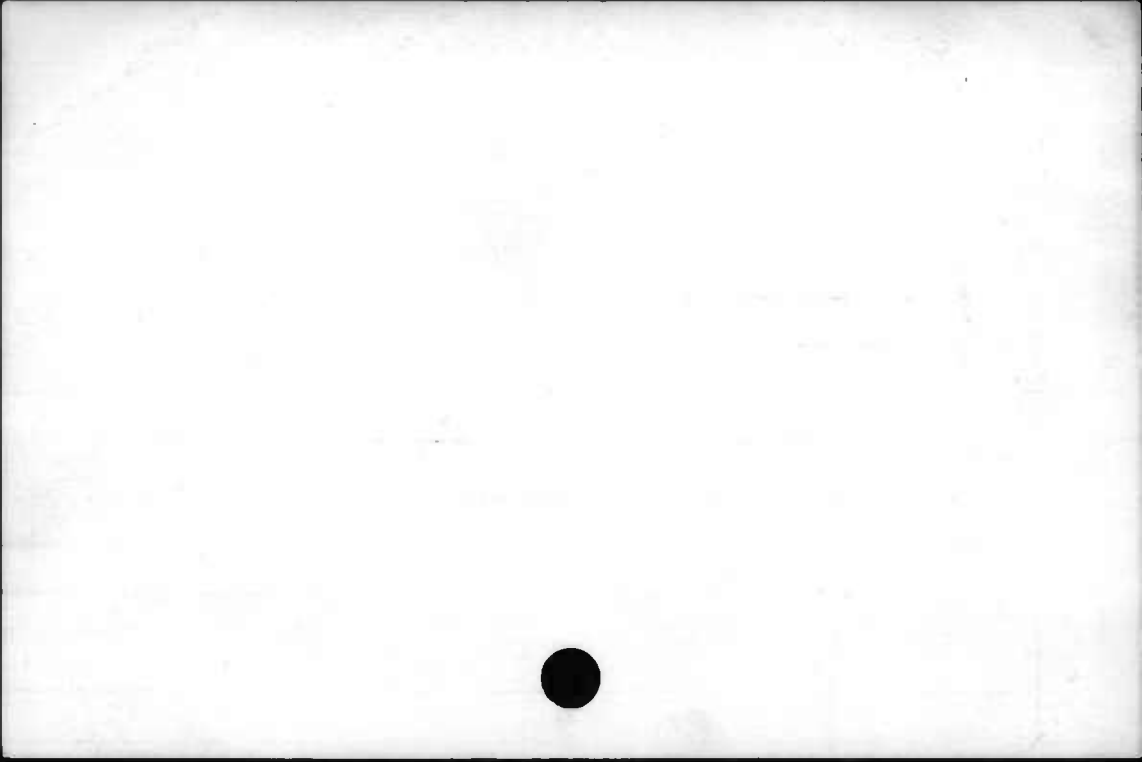
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>alpha</i> Town		<i>Howard</i> County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>July</i>	Day <i>4<sup>th</sup></i>	Years	Months <i>4</i>	Days <i>23</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Alvis Kalisch</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Edna R. Stahl</i>			Mother's Birthplace <i>Baltimore Md</i>		
Name of person giving information <i>Louis C. Stahl</i>			How related to deceased <i>Grandfather</i>		

## CAUSES OF DEATH

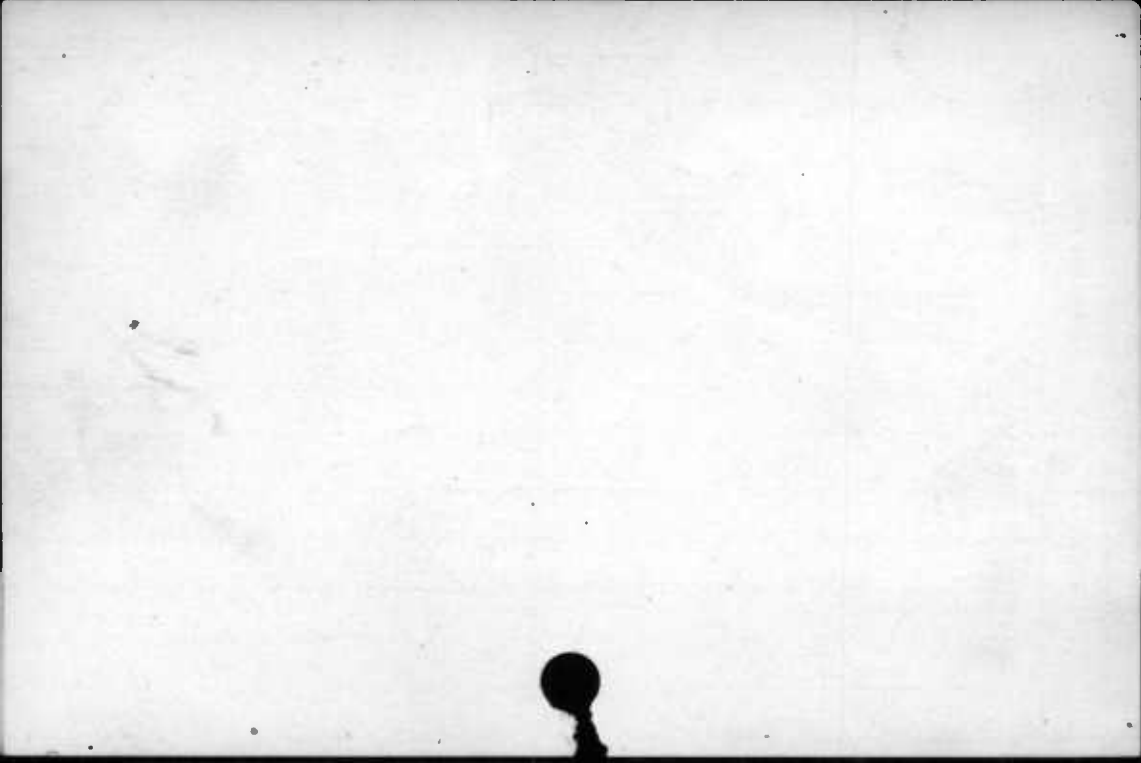
PHYSICIAN  
OR CORONER

Primary <i>acute intestinal catarrh</i>	<i>105</i>	How long <i>not quite 2 days</i>
Immediate <i>Intestinal Haemorrhage &amp; Shock</i>		How long <i>3 hrs</i> <i>The last haemorrhage</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Beng. S. Shipley M.D.</i>	Address <i>alpha</i> <i>Md</i>
Accident or Suicide?		

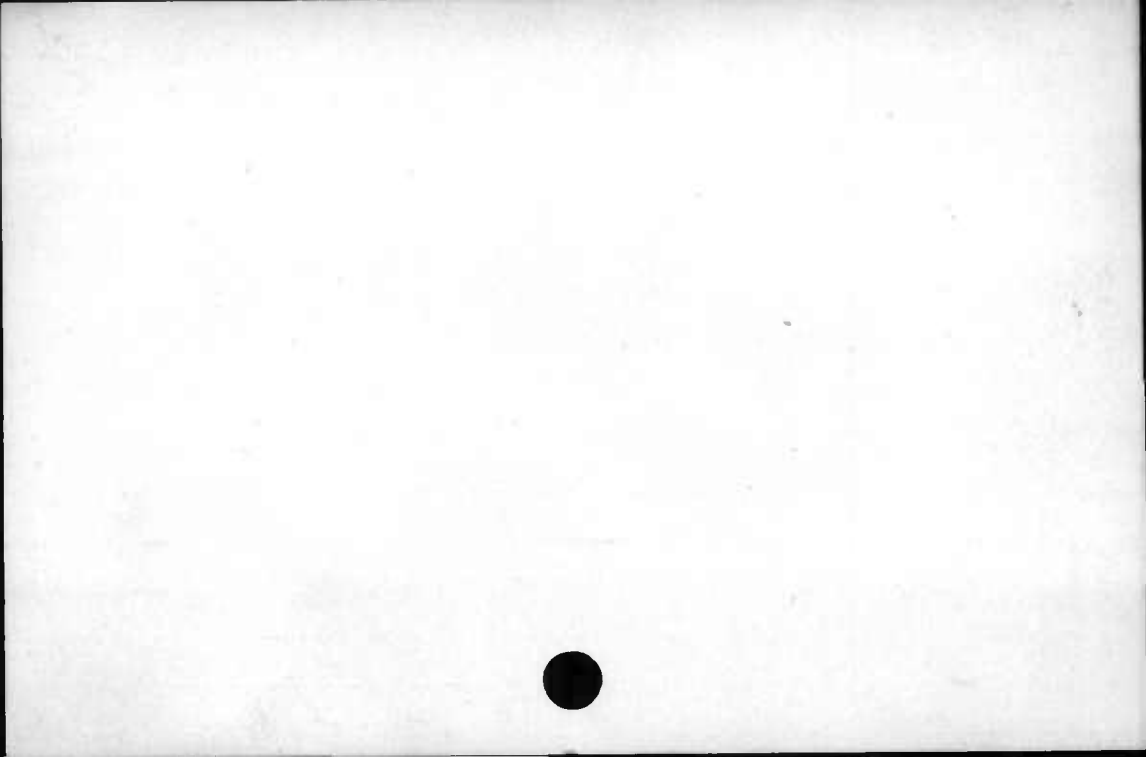


Name in Full		Lenna Mariah Lincoln				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Wintrow</u> <sup>Town</sup>		County <u>Howard</u>		MARYLAND		
		Date of death <u>1906</u>	Month <u>7</u>	Day <u>5</u>	Age <u>48</u>	Years	Months <u>-</u>	Days <u>35</u>
		Sex <u>Female</u>		Color or Race <u>colored</u>		Birth-place <u>ind -</u>		
		Occupation <u>Domestic</u>		Where Residing if not at place of death <u>-</u>				
		Married, Single or Widowed <u>married</u>		Name of <del>Wife</del> <sup>Husband</sup> <u>Alfred Edward Lincoln</u>				
Father's Name <u>Peter Nelson</u>		Father's Birthplace <u>ind -</u>						
Mother's Maiden Name <u>Harriet Nelson</u>		Mother's Birthplace <u>ind -</u>						
Name of person giving information <u>A. E. Lincoln</u>		How related to deceased <u>Husband</u>						

		CAUSES OF DEATH			
PHYSICIAN OR CORONER		Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>6 mos -</u>
		Immediate	<u>27</u>	How long	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Dr. Frank Lucas M.D.</u>	
		Address <u>Dyersville, Ind -</u>			
Accident or Suicide? <u>-</u>					



Name In Full		Mr William Henry Miles				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death 190		Month	Day	Age	Years	
		Sex		Color or Race	Birth-place		Months	Days
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased						
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
				Address				
Accident or Suicide?								





Name  
in  
Full

Matildia Ridgley

## CERTIFICATE OF DEATH

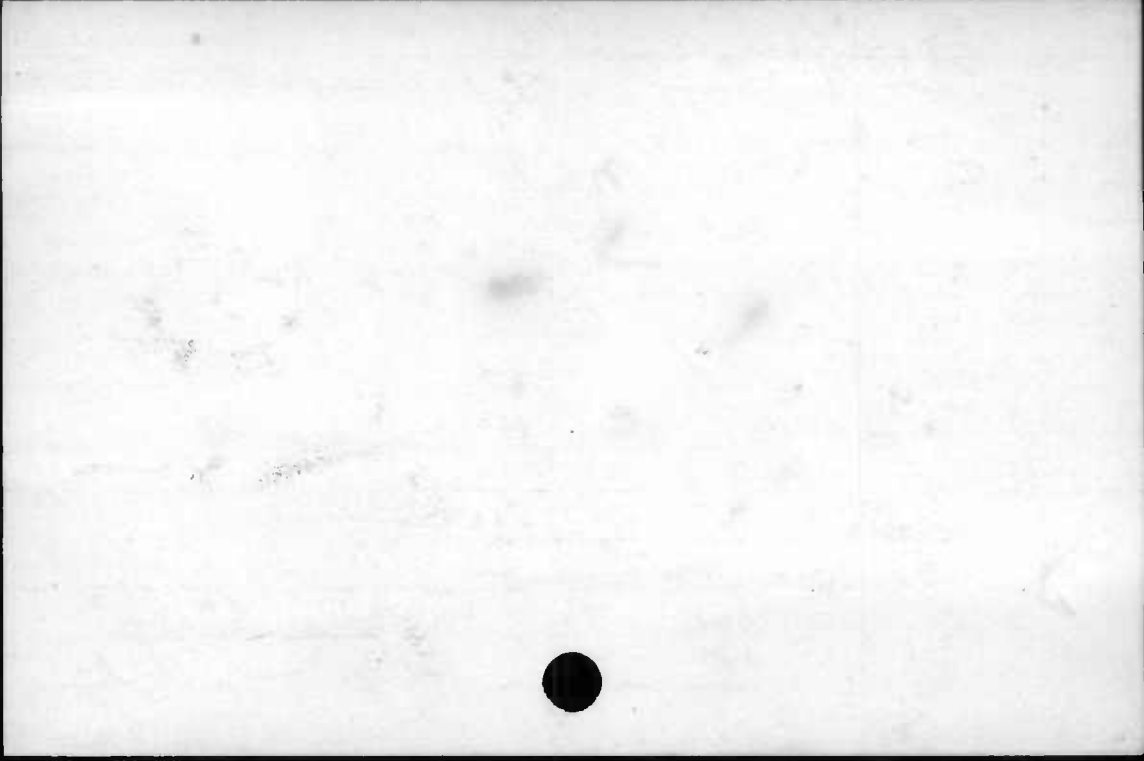
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Bethany</i>		Town <i>Bethany</i>		County <i>Howard</i>		MARYLAND	
Date of death	1906	Month	July	Day	16	Age	72
Sex	Female		Color or Race	White		Birth-place	
Occupation	House duties		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Husband	Nicholas Ridgley (deceased)			
Father's Name	James Thompson		Father's Birthplace	Md.			
Mother's Maiden Name	Rachel Thompson		Mother's Birthplace	Md.			
Name of person giving information	Laura MacKenzie		How related to deceased	Daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senility</i>	How long	
Immediate	<i>Cardiac Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm. B. Gambill</i>
		Address	<i>Alberton, Md.</i>
Accident or Suicide?			



Name  
in  
Full

Dorothea L. Kruus

## CERTIFICATE OF DEATH

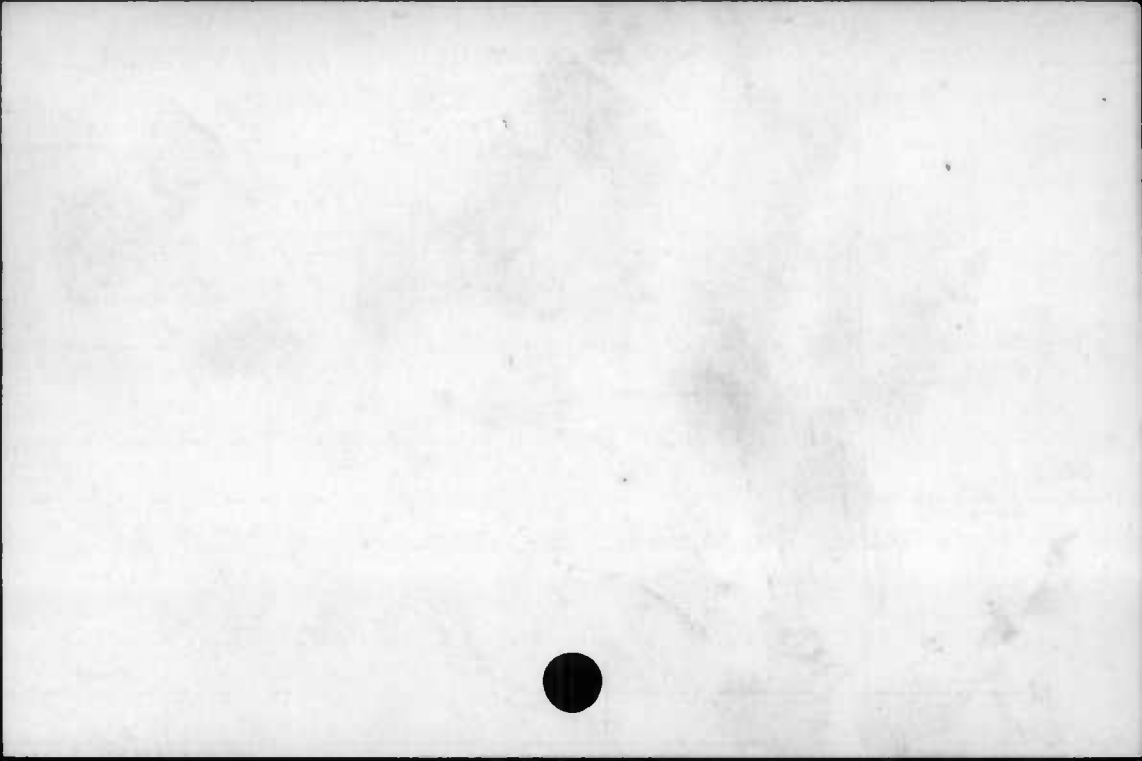
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott</i> <sup>Town</sup> <i>City</i>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>July</i>	Day <i>17</i>	Age <i>71</i>	Months <i>7</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>House Keeper</i>		
Name of Wife or Husband <i>— — — — —</i>					
Father's Name <i>Kroeger</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>"</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Barrie Grimes</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Auto Intoxication, Gastric</i>	How long <i>Over 2 weeks</i>
Immediate <i>Asphyxia, Senile Degeneration</i>	How long <i>Same</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. B. Brown and</i>
	Address <i>Ellicott City, Md</i>
Accident or Suicide? <i>No</i>	



Name  
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## CERTIFICATE OF DEATH

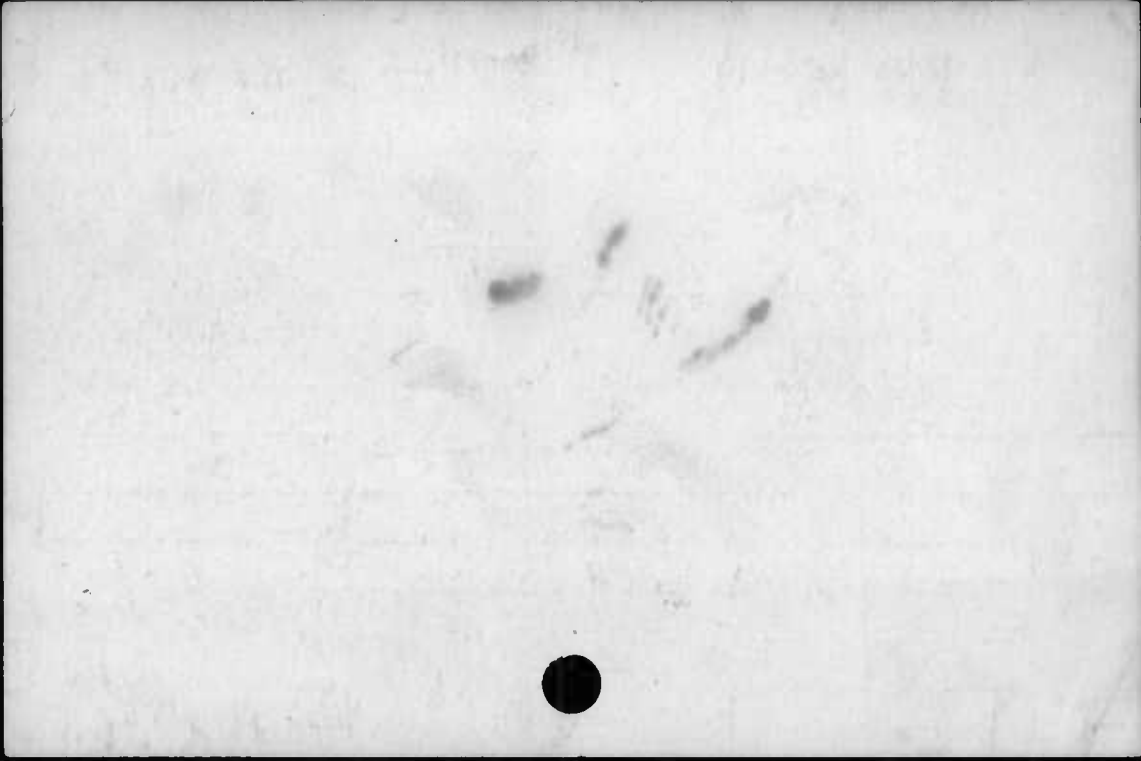
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lisbon</i> Town		<i>Howard</i> County		MARYLAND	
Date of death	<i>1906</i> Month <i>July</i> Day <i>5</i>	Age <i>about 80</i> Years		Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Balto. Md</i>			
Occupation <i>Housekeeper</i>	Where Residing If not at place of death <i>Lisbon</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Samuel F. Summers</i>	Father's Birthplace <i>Baltimore Md</i>				
Mother's Maiden Name <i>Sarah P. Whiffen</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>W. R. O. D. Manfull</i>	How related to deceased <i>none</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>120</i>	How long <i>5 months</i>
Immediate <i>" "</i>	How long <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. O. D. Manfull</i>	
	Address <i>Lisbon, Md</i>	
Accident or Suicide?		



Name

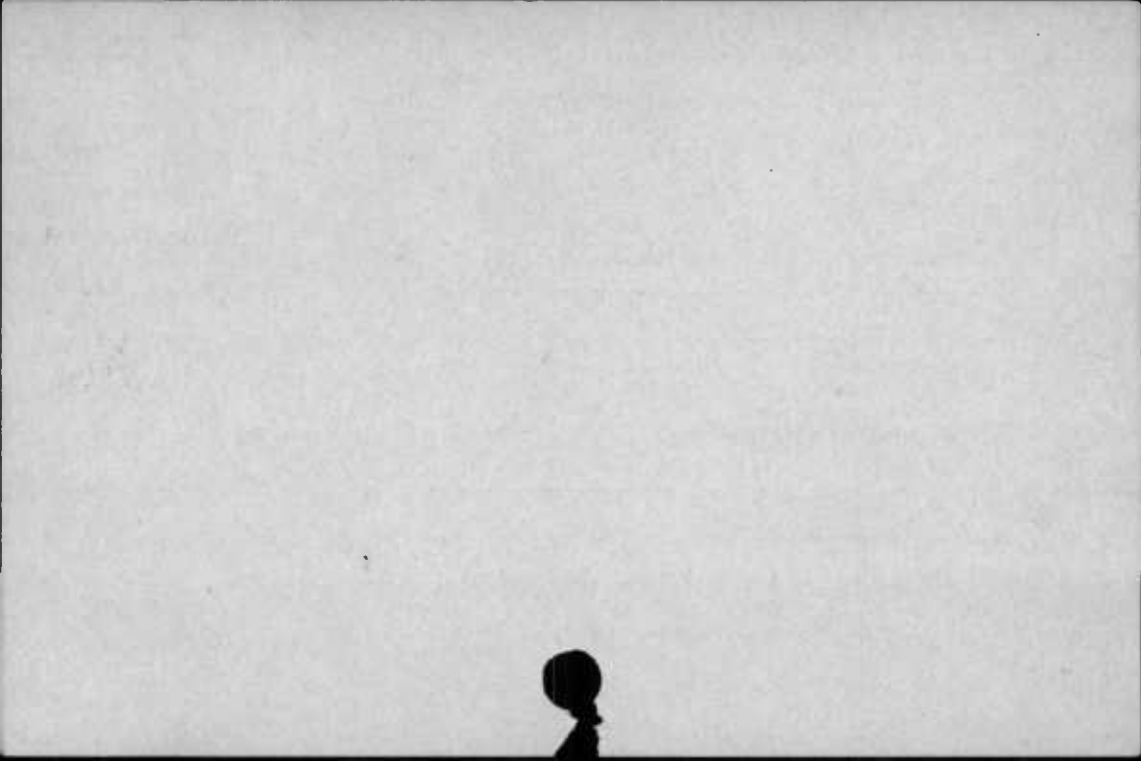
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at <u>Forestown</u> <sup>Town</sup>		<u>Howard</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	<u>July</u> <sup>Month</sup>	<u>17</u> <sup>Day</sup>	Age <u>72</u> <sup>Years</sup>	<u>9</u> <sup>Months</sup>	<u>4</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>—</u>		
Married, <del>Single</del> or Widowed		Name of <del>Wife</del> Husband <u>Christian William Deandt</u>			
Father's Name <u>Un Known</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>"</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Andrew Hanson (son)</u>			How related to deceased <u>Son</u>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>General Debility Old Age</u>	How long <u>Indefinite</u>	
	Immediate <u>Cardiac Asthenia</u>	How long <u>12 hours</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank Miller M.D.</u>	
		Address <u>Alberta, Maryland</u>	
	Accident or Suicide? <u>—</u>		





Priscilla A. Streett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

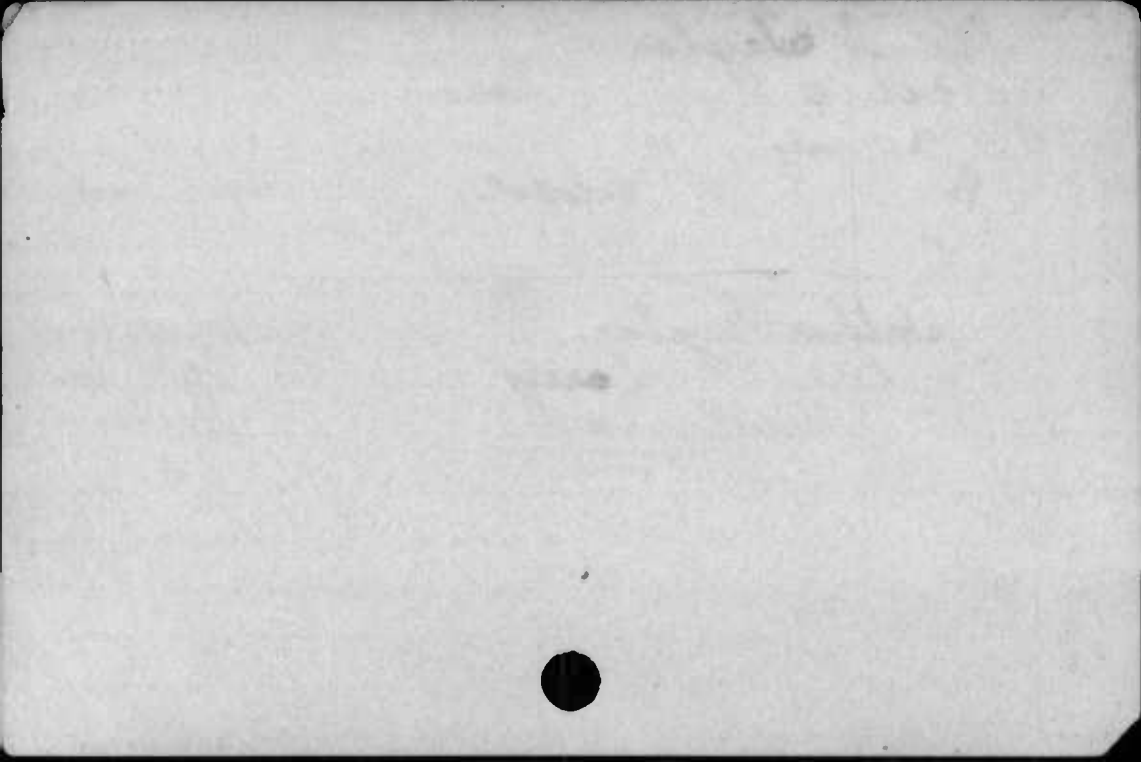
Died at <i>Clarkson</i> —		Town		<i>Howard</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>July</i>	Day	<i>19</i>	Age	<i>69</i>	Years	<i>10</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>			Birth-place	<i>Maryland</i>		
Occupation	<i>House wife</i>			Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>			Name of Wife or Husband <i>Lawrence Streett</i>					
Father's Name	<i>Isaac Ridgley</i>					Father's Birthplace	<i>Maryland</i>		
Mother's Maiden Name	_____					Mother's Birthplace	_____		
Name of person giving information	<i>Lawrence Streett</i>					How related to deceased	<i>Husband</i>		

## CAUSES OF DEATH

Primary	<i>Malignant-Tumor of Rectum</i>	How long	<i>10 months</i>
Immediate	<i>Exhaustion</i>	How long	_____

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	<i>Yes -</i>	Signature of Physician	<i>John W. Stubbins</i>
		Address	<i>West Friends Hip</i>
			<i>Howard County Md.</i>
Accident or Suicide?		_____	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Ellicott City* Town *City*County *Howard*

Date

of death 1906

Month

*July*

Day

*10*

Age

Years

*1*

Months

*3*

Days

Sex

*Male*Color or  
Race*colored*Birth-  
place*Maryland*Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Arthur Taylor*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Bessie Darsey*Mother's  
Birthplace*Maryland*Name of person giving  
In formation*Bessie Darsey*How related  
to deceased*Daughter*

## CAUSES OF DEATH

Primary

*Heart Colitis  
Arteriosclerosis*

How long

*Don't know*

Immediate

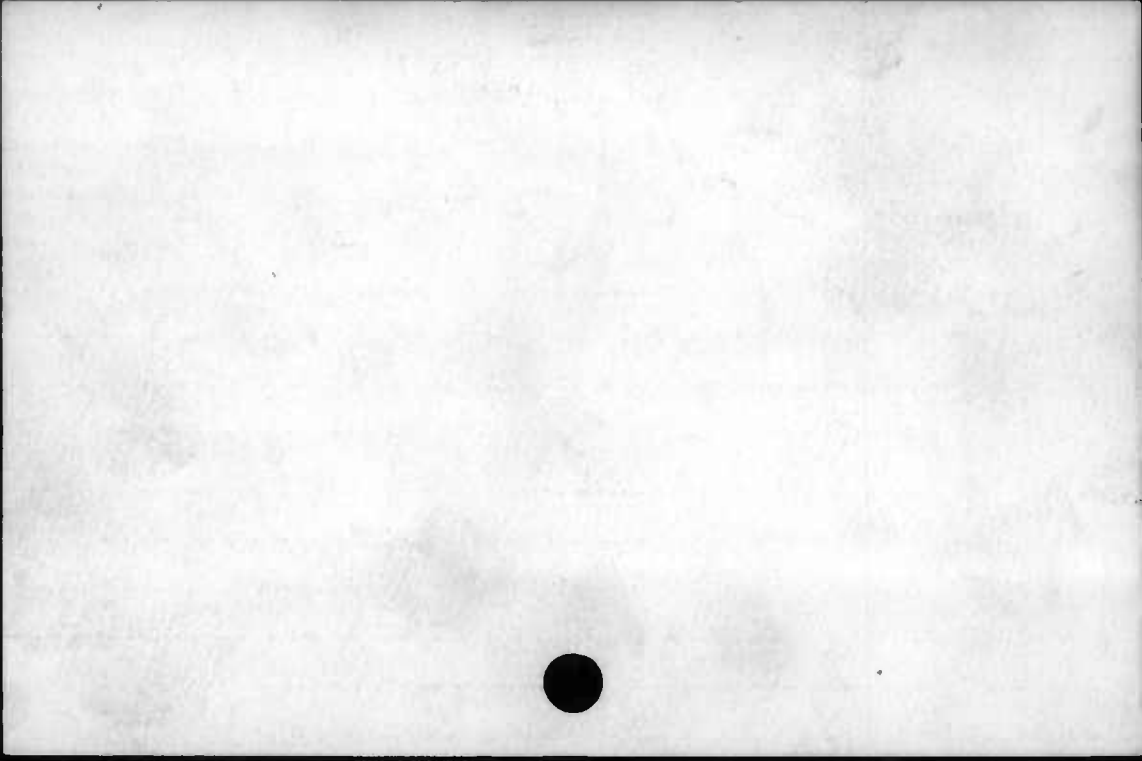
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*Wm M. Rogers MD  
Ellicott City*

Accident or Suicide?



Name in Full

Certificate of Death

Name in Full *Mary Wilson*  
 Town *Highland* County *Harford* MARYLAND

Died at *Highland*  
 Date 19 *July 20* Month *July* Day *20* Y. *39* M. *2* D. *1* Native of *Ireland* Occupation *Housewife*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *Five*

Husband of *Charles R. Wilson*  
 Wife *Charles R. Wilson*  
 Father's Name *Mr. Bellingham* Mother's Maiden Name *Annal. Wallace*

Cause of Death { Primary *Septicemia* immediate *Autonites* How long sick *Three Weeks*  
 Accident, Suicide, Homicide

Reported by *Dr. M. S. Lewis*  
 Address *Highland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

